

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |                                       | Application or Docket Number<br><b>10/790,730</b> | Filing Date<br><b>03/03/2004</b> | <input type="checkbox"/> To be Mailed |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|---|---|---------------------------------------|---|----------------------------------|---------------------------------------|---------------------|--------------|---------------------------------------|--------------|-------------------------|-------------------------|-----|------------------|-------------------|----------------------------------|------------------------------------|---------------|--|---------------------|------------------------|-----|-------|------------|--|--------|--------------|------------------------------|-----|-------|---|-----|--------|---------------|--|--|----------------------------------|------------|---|--|--------|--|--|-----------|---|--|--------|--|---|---|--|--|-----------------|----|--|--|--|--|--|--|-------|----------|------------|------------|------------|--------------|--|-------------------------|--|------------------|--|----------------------------------|------------------------------------|---------------|-----------|---------------------|------------------------|---|-------|----|---|--------|-----------|------------------------------|---|-------|-----|---|--------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|----|-----------------|--|--|--|--|--|--|--|
| <b>APPLICATION AS FILED – PART I</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(Column 1)</th> <th style="text-align: center;">(Column 2)</th> <th colspan="2" style="text-align: center;">SMALL ENTITY <input type="checkbox"/></th> <th colspan="2" style="text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td>FOR</td> <td>NUMBER FILED</td> <td colspan="2">NUMBER EXTRA</td> <td>RATE (\$)</td> <td>Fee (\$)</td> </tr> <tr> <td><input checked="" type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td>N/A</td> <td colspan="2">N/A</td> <td>N/A</td> <td><b>770</b></td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td>N/A</td> <td colspan="2">N/A</td> <td>N/A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td>N/A</td> <td colspan="2">N/A</td> <td>N/A</td> <td></td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td>minus 20 =</td> <td colspan="2">*</td> <td>X \$ =</td> <td></td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td>minus 3 =</td> <td colspan="2">*</td> <td>X \$ =</td> <td></td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="4">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> <td></td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="4"></td> <td></td> </tr> </tbody> </table> <p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">TOTAL</th> <th style="text-align: center;">TOTAL</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: right;"><b>770</b></td> </tr> </tbody> </table>  |   |                                       |   |                                  |                                       | (Column 1)          | (Column 2)   | SMALL ENTITY <input type="checkbox"/> |              | OTHER THAN SMALL ENTITY |                         | FOR | NUMBER FILED     | NUMBER EXTRA      |                                  | RATE (\$)                          | Fee (\$)      | <input checked="" type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A                 | N/A                    |     | N/A   | <b>770</b> | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A    | N/A          |                              | N/A |       | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A | N/A    |               | N/A  |  | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = | * |  | X \$ = |  | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | * |  | X \$ = |  | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |  |                 |    | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |  |  |  |  | TOTAL | TOTAL    |            | <b>770</b> |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/> |   | OTHER THAN SMALL ENTITY          |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA                          |   | RATE (\$)                        | Fee (\$)                              |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A                                   |   | N/A                              | <b>770</b>                            |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A                                   |   | N/A                              |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A                                   |   | N/A                              |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *                                     |   | X \$ =                           |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *                                     |   | X \$ =                           |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| TOTAL   | TOTAL   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|   | <b>770</b>  |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <b>APPLICATION AS AMENDED – PART II</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(Column 1)</th> <th style="text-align: center;">(Column 2)</th> <th style="text-align: center;">(Column 3)</th> <th colspan="2" style="text-align: center;">SMALL ENTITY</th> <th colspan="2" style="text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><b>AMENDMENT</b></td> <td><b>04/14/2011</b></td> <td>CLAIMS REMAINING AFTER AMENDMENT</td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> <td>RATE (\$)</td> <td>ADDITIONAL FEE (\$)</td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td>* 3</td> <td>Minus</td> <td>** 20</td> <td>= 0</td> <td>X \$ =</td> <td>OR X \$52= 0</td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td>* 1</td> <td>Minus</td> <td>***3</td> <td>= 0</td> <td>X \$ =</td> <td>OR X \$220= 0</td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>TOTAL ADD'L FEE</td> <td>OR</td> <td>TOTAL ADD'L FEE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;"><b>0</b></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(Column 1)</th> <th style="text-align: center;">(Column 2)</th> <th style="text-align: center;">(Column 3)</th> <th colspan="2" style="text-align: center;">SMALL ENTITY</th> <th colspan="2" style="text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><b>AMENDMENT</b></td> <td></td> <td>CLAIMS REMAINING AFTER AMENDMENT</td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> <td>RATE (\$)</td> <td>ADDITIONAL FEE (\$)</td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td>* </td> <td>Minus</td> <td>** </td> <td>= </td> <td>X \$ =</td> <td>OR X \$ =</td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td>* </td> <td>Minus</td> <td>***</td> <td>= </td> <td>X \$ =</td> <td>OR X \$ =</td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>TOTAL ADD'L FEE</td> <td>OR</td> <td>TOTAL ADD'L FEE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |                                       |   |                                  |                                       | (Column 1)          | (Column 2)   | (Column 3)                            | SMALL ENTITY |                         | OTHER THAN SMALL ENTITY |     | <b>AMENDMENT</b> | <b>04/14/2011</b> | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$)  | ADDITIONAL FEE (\$) | Total (37 CFR 1.16(i)) | * 3 | Minus | ** 20      | = 0  | X \$ = | OR X \$52= 0 | Independent (37 CFR 1.16(h)) | * 1 | Minus | ***3  | = 0 | X \$ = | OR X \$220= 0 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |                                  |            |   |  |        | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |           |   |  |        |  |   |   |  |  | TOTAL ADD'L FEE | OR | TOTAL ADD'L FEE  |  |  |  |  |  |       | <b>0</b> | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY |  | OTHER THAN SMALL ENTITY |  | <b>AMENDMENT</b> |  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDITIONAL FEE (\$) | Total (37 CFR 1.16(i)) | * | Minus | ** | = | X \$ = | OR X \$ = | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | X \$ = | OR X \$ = | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  |  | TOTAL ADD'L FEE | OR | TOTAL ADD'L FEE |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)                            | SMALL ENTITY                                      |                                  | OTHER THAN SMALL ENTITY               |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <b>AMENDMENT</b>  | <b>04/14/2011</b>   | CLAIMS REMAINING AFTER AMENDMENT      | HIGHEST NUMBER PREVIOUSLY PAID FOR                | PRESENT EXTRA                    | RATE (\$)                             | ADDITIONAL FEE (\$) |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|   | Total (37 CFR 1.16(i))  | * 3                                   | Minus   | ** 20                            | = 0                                   | X \$ =              | OR X \$52= 0 |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | * 1   | Minus                                 | ***3  | = 0                              | X \$ =                                | OR X \$220= 0       |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|   |   |                                       |   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|   |   |                                       |   |                                  |                                       | <b>0</b>            |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)                            | SMALL ENTITY                                      |                                  | OTHER THAN SMALL ENTITY               |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <b>AMENDMENT</b>  |   | CLAIMS REMAINING AFTER AMENDMENT      | HIGHEST NUMBER PREVIOUSLY PAID FOR                | PRESENT EXTRA                    | RATE (\$)                             | ADDITIONAL FEE (\$) |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|   | Total (37 CFR 1.16(i))  | *                                     | Minus   | **                               | =                                     | X \$ =              | OR X \$ =    |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | *   | Minus                                 | ***   | =                                | X \$ =                                | OR X \$ =           |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|   |   |                                       |   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
|   |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>  |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |
| Legal Instrument Examiner:<br>/GLORIA TRAMMELL/   |   |                                       |   |                                  |                                       |                     |              |                                       |              |                         |                         |     |                  |                   |                                  |                                    |               |  |                     |                        |     |       |            |  |        |              |                              |     |       |   |     |        |               |  |  |                                  |            |   |  |        |  |  |           |   |  |        |  |   |   |  |  |                 |    |  |  |  |  |  |  |       |          |            |            |            |              |  |                         |  |                  |  |                                  |                                    |               |           |                     |                        |   |       |    |   |        |           |                              |   |       |     |   |        |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |    |                 |  |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*